"A Study to Assess the Effectiveness of Self Instructional Module on Knowledge and Attitude to Prevent Angina Pectoris among Businessmen at, Jaipur "Rajasthan."

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ABSTRACT

Introduction: Ischemic heart diseases and stroke are the two most common causes of death worldwide. Over 80% of deaths and 85% of disability from cardiovascular disease occurs in low and middle-income countries. The Indian Subcontinent (including India, Pakistan, Bangladesh, Sri Lanka and Nepal) is home to 20% of the world population and one of the regions with the highest burden of CVD in the world.

Material and Method: A Quantitative research approach was used for the study. quasi-experimental approach was considered as appropriate one for present study. A quasi-experimental approach helps to explain the effect of independent variable on the dependent variable. It includes manipulation, control and no randomization. In this study sample consisted of 50 (male and female) businessmen selected based on inclusion criteria. In this study businessmen were selected by non-probability sampling using convenient sampling.

Results: Statistically Pre-test knowledge and mean attitude score were 32% and 64.08 in experimental group and 24% and 61.08 in control group respectively (Z=0.00,P=1.00)Post-test knowledge and mean attitude score were 80% and 120.84 in experimental group and 32% and 64.84 in control group respectively (Z=3.13, P=0.001).Difference between the knowledge score of pre test and post test was 48%. This 48% of difference between experimental and control group is the net benefit of experimental group due to the self-instructional module.

Conclusion: The findings of the study clearly prove that the self instructional module was effective in improving the knowledge and attitude on prevention of angina pectoris among businessmen.

Key Words: Self instructional module, Knowledge, Attitude, Angina pectoris

INTRODUCTION

Cardiovascular diseases are the major cause of death in United States. The American Heart Association reports that an estimated 1.1millon Americans will have an acute MI in 2003 and 460000 will die, half of them before reaching a hospital. An estimated 60800000 persons have one or more types of CVD. Angina accounts for more than 1 million hospital admissions annually, 6-8% of patient with this condition have nonfatal MI or die within the first year after diagnosis.

In 1990, there were an estimated 1.17 million deaths from CHD in India and the numbers are expected to almost double to 2.03 million by 2010. In addition to the high rate of CHD mortality in Indian Subcontinent, CHD manifest almost 10 year earlier on average in this region compared with the rest of the World.

MATERIAL AND METHODS

A quasi-experimental approach was considered as appropriate one for present study. The main aim of this study was to assess the effectiveness of self instructional module on knowledge and attitude to prevent angina pectoris among businessmen at Jaipur. The study was conducted among businessman at Jaipur (Rajasthan). Convenient sampling technique was used to select the study subjects. Data was collected from 50 businessman by using demographic questionnaire and knowledge questionnaires based on prevention from angina pectoris among businessmen.

Results

Table No. 1 Frequency and percentage distribution of socio-demographic variables of study participants.

(N=50)

Variables		Group					
		Experimental		Control			
		Count	%	Count	%	Total	Significance
Age	31-35 yrs	16	64%	14	56%	30	χ^2=0.33 P=0.56
	36-40 yrs	9	36%	11	44%	20	
Sex	Male	18	72%	19	76%	37	χ^2=0.10 P=0.75
	Female	7	28%	6	24%	13	
Marital Status	Married	19	76%	19	76%	38	χ^2=0.00 P=1.00
	Single	5	20%	5	20%	10	
	Widow/ Divorced	1	4%	1	4%	2	
Education	Primary school	7	28%	6	24%	13	χ^2=3.74 P=0.29
	Secondary School	13	52%	8	32%	21	
	Higher Education	3	12%	8	32%	11	
	Graduate and above	2	8%	3	12%	5	
Income	< Rs.2000	1	4%	1	4%	2	χ^2=0.11 P=0.99
	Rs.2000-3000	6	24%	6	24%	12	
	Rs.3000-4000	10	40%	11	44%	21	
	>=Rs.4000	8	32%	7	28%	15	
Residence	Rural	14	56%	14	56%	28	χ^2=0.00 P=1.00
	Urban	11	44%	11	44%	22	
Source of health Information	Family Members	5	20%	1	4%	6	χ^2=4.28 P=0.23
	Neighbours	5	20%	3	12%	8	
	Mass Media	8	32%	10	40%	18	
	Helth Personal	7	28%	11	44%	18	

Section-II: Assessment of pre-test knowledge & attitude in experimental group & control group.

Table 2 : Pre-test knowledge on different aspects of angina pectoris in experimental & control group

(N=60)

Knowledge aspects on	Experimental (25)		Control (25)		Two sample binomial proportion test
	N	%	N	%	
Disease	7	28%	6	24 %	Z=0.41 P=0.68
Risk factors	7	28%	7	28 %	Z=0.00 P=1.00
Prevention	10	40%	8	32 %	Z=0.29 P=0.77
Average no. Persons	8	32%	7	28 %	Z=0.00 P=1.00

Table 3: Pre-test attitude score on different aspects of angina pectoris in experimental and control group.

(N=60)

Attitude score on	Experimental		Control		Student independent t-test
	Mean	SD	Mean	SD	
Smoking	11.00	1.94	10.00	2.14	t=1.73, P=0.09 Not significant
Diet	10.32	2.36	9.32	2.51	t=1.45,P=0.15 Not significant
Obesity	9.88	1.69	10.24	1.69	t=0.75,P=0.45 Not significant
Stress	13.04	2.52	12.28	2.69	t=1.03,P=0.31 Not significant
Other risk factors	19.84	3.16	19.84	4.34	t= 0.00,P=1.00 Not significant
Overall-Attitude score	64.08	7.41	61.68	6.71	t=1.20 P=0.23 Not significant

The above table No. 3 shows the pre test overall attitude score between experimental and control groups. On an average, overall experimental group mean score was 64.08 and an average, overall control group mean score was 61.08.

It shows both control and experimental persons were having equal score and also unhealthy attitude score (max score = 150, they scored around 64).It shows there was no statistically significance difference between groups. Statistical significance was tested using Student independent t-test ($p > 0.05$). Discussion Based on the above objective of the study to assess the knowledge and attitude on prevention of angina pectoris. The findings of the pre-test knowledge score shows that in the experimental group knowledge score and attitude score were 32% and 64.08 and in control group 24% and 61.08 respectively on various aspects of angina pectoris. It shows both control and experimental persons were having almost equal knowledge and also unhealthy attitude score (max score = 150, they scored around 64).

The findings of the post-test knowledge score and attitude score of the businessmen in experimental group was 80% and 120.84 respectively. These findings

showing that after the administration of the self instructional module, the knowledge and attitude score of the businessmen has increased but in the control group the businessmen knowledge and attitude score were 32% and 64.48 respectively. Thus in the control group, no changes were seen in the knowledge and attitude score in the post-test.

CONCLUSION

The findings of the study revealed a significant increase in the post knowledge score after the administration of self instructional module. The pre-test knowledge score of the businessmen in the experimental group was 32% and post test knowledge score was 80%, difference between the pre test and post test was 48%. The businessmen who received self instructional module on angina pectoris gained 48% more knowledge and 56 more attitude score than those who do not receive.

RECOMMENDATIONS

Following study can be undertaken for relation to present research study

1. A similar study can be undertaken with a control group design.
2. The present study can be replicated in similar and different settings with larger samples to validate and generalized findings of the study.
3. A similar study can be conducted among school students and non-medical college students.
4. A study can be conducted to assess of the knowledge of the adults regarding angina pectoris among rural and urban community.
5. A study can be conducted in the comparison of knowledge on angina pectoris among rural and urban businessmen.
6. Various other interventions modalities, which vary in content and method, can be used to assess the effectiveness of the self instructional module on angina pectoris.

REFERENCES

1. American Heart Association, 2002 Heart and Stroke Statistical Update,
2. WWW.american angina org.
3. World Heart Day Report.
4. M.S.Collier , C.I.,and Heitkemper, M.M. (1996),Text book of Medical Surgical Nursing, 4th Edn St Louis: Mosby, Pp869-894.
5. Times of India Sept 25, 2005.
6. Indian Journal of Medicine.
7. Brunched G.M.," Move for Health", the Nursing Journal of India, 2002, 93(4):74.
8. Reddy KS.in non-western countries, N.Engl J Med 2004; 350:2438-40.
9. The Nursing Journal of India,Vol XCVI No 3.
10. Park, J.K.,and Park,K.1997,Parks Text book of Preventive and Social
11. Medicine,Jabalpur:Banarsidas Bharat Publisher, P-270.
12. Gualanick M.Cofer LA: coronary risk factors; influences on the lipid profile cardiovasc Nurs 14:16, 2000.
13. Framinghan,"Incidence of coronary artery disease" World Diabetic Day, Times of India.

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